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CHANGE OF	Application Number	09/652,241
CORRESPONDENCE ADDRESS APPLICATION	Filing Date	
	First Named Inventor	
	Art Unit	
Address to: Commissioner for Patents	Examiner Name	
P.O. Box 1450		

Attorney Docket Number

Customer Numnber	•				
OR					
X Firm or Individual Name	Intellectual Prop	erty Devel	opment	/ Jack J'ı	naev
Address	187 W. Orangethorpe Ave.; Suite H				
City	Placentia	State	CA	Zip	92870
Country	U.S.A.				
Telephone	(714) 961-1981	Fax	(714)	(714) 961-1968	
Change" (PTO/SB/124). I am the:	iustomer Number use "Reque	•			
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Change" (PTO/SB/124). I am the: Applicant/Invente	or	•			
Change" (PTO/SB/124). I am the: Applicant/Invente Assignee of recor					
Change" (PTO/SB/124). I am the: Applicant/Invento Assignee of recor Statement under	or d of the entire interest.	i. (Form PT	O/SB/96)		
Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of recor Statement under X Atorney or Agent Registered praction	or d of the entire interest. 38 CFR 3.73(b) is enclosed	l. (Form PT umber: 45, atin transmi	O/SB/96) 669 ttal letter	in an appli	

Alexandria, VA 22313-1450